

P/1000060396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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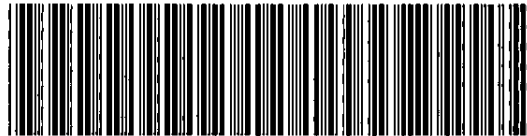
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11 JUN 29 PM 4:28
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

K 06/30/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CAREFREE INTERIORS DESIGN & RENOVATIONS, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☒ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: KAREN L. GRUNIG
Name (Printed or typed)
1317 E. TOMLIN ST
Address
PLANT CITY, FL 33523
City, State & Zip
813-421-8972
Daytime Telephone number
CAREFREE-1@MSN.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: CAREFREE INTERIORS DESIGN & RENOVATIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1317 E. TOMLIN ST
PLANT CITY, FL 33563

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any & ALL LEGAL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KAREN L. GRUNIG Pres. Name and Title: _____
Address: 1317 E. TOMLIN ST. Address: _____
PLANT CITY, FL 33563

Name and Title: CHARLES GARY GRUNIG Name and Title: _____
Address: Sec. / TREASURER Address: _____
1317 E. TOMLIN ST
PLANT CITY, FL 33563

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: KAREN L. GRUNIG
Address: 1317 E. TOMLIN ST
PLANT CITY, FL 33563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KAREN L. GRUNIG
Address: 1317 E. TOMLIN ST.
PLANT CITY, FL 33563

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Karen L. Grunig
Required Signature/Registered Agent

6-24-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Karen L. Grunig
Required Signature/Incorporator

6-24-11
Date

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11 JUN 29 PM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA